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Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/603,641
Filing Date	6/25/2003
First Named Inventor	Heasley, John M.
Art Unit	3732
Examiner Name	Unknown
Attorney Docket Number	6656320/24780

**To: Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.  
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number 26386

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

the applicant has not paid one or more bills within a reasonable period of time.

The reasons for this request are:

**CORRESPONDENCE ADDRESS**

1.  The correspondence address is NOT affected by this withdrawal.  
2.  Change the correspondence address and direct all future correspondence to:  
 Customer Number:  

OR

<input checked="" type="checkbox"/> Firm or Individual Name	John M. Heasley				
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Address					
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Country	US				
Telephone	319-354-3042		Fax	319-338-6605	
Name	Kent A. Herink				
Signature			Registration No.	31,025	
Date	August 31, 2004		Telephone No.	515-288-2500	

**NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.**

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/603,641
		Filing Date	6/25/2003
		First Named Inventor	Heasley, John
		Art Unit	3732
		Examiner Name	Unknown
Total Number of Pages in This Submission	2	Attorney Docket Number	6656320/24780

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent and change of correspondence	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kent A. Herink	
Signature		
Date	8/31/2004	

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Jeri D. Krutsinger	
Signature		Date
	8-31-04	

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